U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 18 45	2. Fiscal Year Covered From:		
LIZZIE BALTHORNE TILCHMAN	7/7/07 Through: 12/31/04		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name	Name HOTEL + RESTAURENT ENIPLOYEE		
•	Labor Organization File Number 306-434 しのCAL ^地 力		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 7304 SUMMER WIND CIR	Street 1003 - K- ST N.W. 79 FLOOR		
City LAUREL	City WASH		
State Md ZIP Code + 4 2070 7. 5308	State D.C ZIP Code + 4 20001		
5. Position in labor organization. Pres / Business agent			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name	- Control of the Cont		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	r.s. Allount.		
City (
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information			

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

301-483-65 Telephone Number

Name of Person Filing Life In Sporm filgh	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name ROUP BEN TAL SERVICE	14.a. Nature of payment. A MERICH EXPRESS GIFF CHERUE			
P.O. Box, Bldg., Room No., if any Street	AROUND CHRISTMAS			

Name of Person Filling J. Bie M Shane Sillyhow		File Number U-		
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State ZIP Code + 4	12.a. Nature of interest held	u ur moune receiveu.		
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Trade Name, if any:		200- EA		
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City ROCK VILLE	Diff Basket approx 200- Est apour d'Christmans around Christmans			
State /// ZIP Code + 4 2 0850				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	200-		

Name of Person Filling Jiggie m flow file	File Number U-			
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City	Approximate dollar value of such dealing. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
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P.O. Box, Bldg., Room No., if any Street	around Christmas			
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. 35 —			

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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name PAUL STRAUSS, ASSOCIATES	Dift Basket			
Trade Name, if any:	2 15 Est			
P.O. Box, Bldg., Room No., if any Street 60/ PENN/3 VE /V, W/ City WASH State D.C. ZIP Code + 4 2000/	Aft Backet Approx 75- Est. Around Christman			
13.b. Is the Business an Employer 🔏 or Consultant 🦳 ?	14.b. Amount of payment.			